

CATASTROPHIC ASSISTANCE & RELIEF FOR EMPLOYEES (CARE) APPLICATION

FORM X-3308 (REV. 01-21) Page 1 of 2

SECTION I – REQUEST FOR USE OF DONATED CARE HOURS

To be Completed by Employee

REQUESTING EMPLOYEE NAME (First, MI, Last)		REQUESTING EMPLOYEE SAP NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS UNIT	WORK LOCATION	SUPERVISOR'S NAME	

I am requesting hours from the CARE program for the period of ____ through ____.

I estimate I will need ____ hours of donated time-off.

Reason for Request

Medical or Unforeseen Emergency Major Disaster

Employee's current remaining hours of time-off (including reduced STD or sick pay benefits):

STD ____; Sick pay ____

PTO ____; Deferred PTO ____; Vacation ____; VPAD's ____; Deferred VPAD's ____; PAD's ____; Other ____

Description of Hardship – Provide a brief description of the hardship, including how this hardship qualifies as a medical or unforeseen emergency, and to whom (self or immediate family) the hardship applies. Attach additional information and supporting documentation, as applicable.

SUPERVISOR VERIFICATION OF TIME-OFF BALANCE

I verify that the above time-off balances noted by this employee are accurate.

SUPERVISOR SIGNATURE	DATE
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Acknowledgement – I have read and understand HR Policy 602, Catastrophic Assistance and Relief for Employees (CARE) and hereby attest that I am eligible to participate. I am declaring a hardship due to a medical or unforeseen emergency for myself, or a member of my immediate family, as described within the guidelines of the Policy. I have exhausted my available time-off benefits to the extent required in the Policy, as well as other reasonable means to address this hardship. I understand I am responsible for any taxes applicable to the assistance provided to me.

I have attached additional information and/or supporting documentation as required. I hereby attest that all representations that I have made regarding my hardship are true and accurate and that I will use the assistance that I receive from FirstEnergy for appropriate purposes as set forth under the Policy. I understand that if, for whatever reason, I am not receiving pay, premiums for my employee benefits may be suspended. Upon return to a paid status, premiums will be caught up automatically through payroll.

REQUESTING EMPLOYEE SIGNATURE	DATE
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CATASTROPHIC ASSISTANCE & RELIEF FOR EMPLOYEES (CARE) APPLICATION

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SECTION II – REQUEST FOR FINANCIAL RELIEF			
To be Completed by Employee			
REQUESTING EMPLOYEE NAME (First, MI, Last)		REQUESTING EMPLOYEE SAP NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS UNIT	WORK LOCATION	SUPERVISOR'S NAME	
<p>My financial need is \$ _____.</p> <p>Type of financial relief being requested:</p> <p><input type="checkbox"/> Conversion of Vacation to Cash I am requesting my personal <input type="checkbox"/> Frozen and/or <input type="checkbox"/> Banked vacation to be converted to cash.</p> <p><input type="checkbox"/> Company Loan I am requesting a Company Loan and understand I will be required to complete and sign a promissory note to repay the loan to FirstEnergy in a period not to exceed five years, through mandatory payroll deduction. I may also make additional payments directly to FirstEnergy to fulfill my loan obligation.</p>			
<p>Description of Hardship – Provide a brief description of the hardship, including how this hardship qualifies as a medical or unforeseen emergency. You must include evidence of the hardship and the amount needed, as well as demonstrate no other reasonable means are available. Attach additional information and supporting documentation, as applicable.</p> <hr/> <hr/> <hr/>			
<p>Acknowledgement – I have read and understand HR Policy 602, Catastrophic Assistance and Relief for Employees (CARE) and hereby attest that I am eligible to participate. I am declaring a hardship due to a medical or unforeseen emergency for myself, or a member of my immediate family, as described within the guidelines of the Policy. I have exhausted my available time-off benefits to the extent required in the Policy, as well as other reasonable means to address this hardship. I understand I am responsible for any taxes applicable to the assistance provided to me.</p> <p>I have attached additional information and/or supporting documentation as required. I hereby attest that all representations that I have made regarding my hardship are true and accurate and that I will use the assistance that I receive from FirstEnergy for appropriate purposes as set forth under the Policy. I understand that if, for whatever reason, I am not receiving pay, premiums for my employee benefits may be suspended. Upon return to a paid status, premiums will be caught up automatically through payroll.</p>			
REQUESTING EMPLOYEE SIGNATURE		DATE	

Distribution - Send completed application to Corp HR-Benefits at hrrservice@firstenergycorp.com or fax to 330-374-6217 to for processing.